



PLAN LOG IN SHEET

All Information must be filled out completely.

If **ALL** information is not provided, your plans may be **REJECTED** or **DELAYED** for plan review. **PLAN CHECK FEE PORTION IS REQUIRED TO BE PAID AT THE TIME OF 1ST SUBMITTAL.** Please ask for any assistance.

Date: _____ Project Name: _____

Project Address: _____

Installing contractor name: _____ Phone: _____

Installing contractor address: _____ City: _____ Zip: _____

Contact Person: Name: _____ Phone: _____

Installing contractor's email: _____

Installing contractor state license #: _____ City Business License #: _____ Expiration date: _____
(Note: Licenses shall be current to obtain permit.)

***** Please complete the following that applies to your submittal *****

☐ **Fire Sprinkler System:** Commercial In-rack Res./Custom Home Res./Tract #: _____
Number of sprinklers: _____

☐ **Fixed Extinguishing System:** Wet/Dry Carbon Dioxide Clean Agent
Number of systems: _____

☐ **Fire Alarm System:** Number of devices: _____

☐ ETL # _____ ☐ FM # _____ ☐ UL # _____

NOTE: New fire alarm installations require fire alarm C10 contractors to be ETL, UL or FM listed and new installations shall be ETL, UL or FM certificated for the life of the system. If you are not ETL, UL or FM certified a permit will not be issued. (Riverside Municipal Code, 16.32.340)

☐ **Fire Protection Underground** ☐ **Aboveground Tank** – # of tank(s): _____

☐ **High Piled Storage (Other)** ☐ **Underground Tank** – # of tank(s): _____

☐ **Hazardous Material Analysis (Other)** ☐ **Other:** _____

***** Number of plan pages submitted for one set: _____**

***Please Circle Submittal Type:**

New Tenant Improvement Resubmittal - Permit #: _____ As-built/Revision - Permit #: _____

For Office Use Only

Permit Number: _____ Bin Number: _____ Assigned inspector: _____

Person contacted for permit pick up: _____ Date: _____

Permit Print name: _____ Signature: _____ Date: _____